



**BOARD OF REGISTERED NURSING**  
 P.O. Box 944210, Sacramento, CA, 94244-2100  
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**Ruth Ann Terry, MPH, RN, Executive Officer**

**DATE:**

**TO:**

**FROM:** Nursing Education Consultant

**SUBJECT:** Post Approval Visit Schedule  
 (Content of Progress Report(s))

### Schedule of BRN School Events Subsequent to the Approval Visit

Event	Date
Work copy of "Visitors' Report" to School:	_____
If program wishes to respond to "Visitors' Report" prior to Education/Licensing Committee meeting, response due:	_____
Education/Licensing Committee meeting:	_____
Time: _____ Location: _____	
<b>Note:</b> A school representative should attend this meeting.	
Board meeting:	_____
Location: _____	
Progress Report(s) due: _____	
Additional Progress Report(s): _____	

### Progress Report Content

The progress report addresses any areas of non-compliance and recommendations identified in the school visit report. The following information is to be included in the report.

<b>Areas of Non-Compliance</b> <ul style="list-style-type: none"> <li>• Cite the violation</li> <li>• State action taken to correct the problem</li> <li>• Plans for items not corrected including time frame</li> <li>• Process for monitoring and evaluating action</li> <li>• Documentation to support action</li> </ul>	<b>Recommendations</b> <ul style="list-style-type: none"> <li>• Cite recommendations <u>and</u></li> <li>• Action taken to address the recommendation; <u>or</u></li> <li>• Plans for action, including time frame; <u>or</u></li> <li>• Rationale for not addressing recommendations</li> </ul>
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